

2020 Oct-19 PM 02:53
U.S. DISTRICT COURT
N.D. OF ALABAMA

Pro Se 14 (Rev. 09/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ALABAMA

1983 NE
Bobby Joe Dunn

Plaintiff

(Write your full name. No more than one plaintiff may be named in a complaint.)

-v-

U.S. DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA

Case No.

5:20-cv-11632-KOB-HNJ
(to be filled in by the Clerk's Office)

Sheriff of Jackson County AL

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all of the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here. Your complaint may be brought in this court only if one or more of the named defendants is located within this district.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis*.

Mail the original complaint and the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis* to the Clerk of the United States District Court for the Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, Alabama 35203-2195.

I. The Parties to this Complaint

A. The Plaintiff

Provide the information below for the plaintiff named in the complaint.

Name

Bobby Joe Purnin

All other names by which
you have been known:

ID Number

Current Institution

Address

Jackson County Jail

545 Parks Ave

Scotthorro

AL
State

35768
Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Chuck Phillips

Job or Title (if known)

Sheriff

Shield Number

Employer

Address

Jackson County AL

102 East Laurel St

Scott's boss

DC
State

35768
Zip Code

- Individual Capacity

☒ Official Capacity

Defendant No. 2

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual Capacity

☐ Official Capacity

Defendant No. 3

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____

 _____ City _____ State _____ Zip Code _____
☐ Individual Capacity ☐ Official Capacity

Defendant No. 4

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____

 _____ City _____ State _____ Zip Code _____
☐ Individual Capacity ☐ Official Capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal law]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities, secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

violation 8th Admentment Medical Rights
and 14th Admentments ~~and 14th Admentments~~

- C. Plaintiffs suing under *Bivens* may only recover for violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Violations of medical rights under the constitution
8th amendment & 14th amendment

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial Detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other _____
(*explain*)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Jackson County Jail and Courthouse tearing up medical
bands and saying he wasn't paying care responsible didn't care
for medical treatment. Have audio him hanging up
saying this.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Approx June thro Oct 2020. June, July
August, September, October, 2020

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Doctor app at U.A.B. hospital missed due to Sheriff
Needed surgery for tumor at U.A.B Hospital ASAP,
Sheriff said no he wasn't responsible.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries in detail.

Have mass tumor on mandible and Swelling
on face and inside mouth. Can't swallow and hardly eat

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Asking the court to look in to and uphold
my constitutional rights That was violated
denying me medical treatment and care I need
for the surgery for my face to remove a tumor
on my mandible, And to look in to the
people that is responsible for the pain and
suffering I am going thru on a daily
basis. And Seeking Pain and suffering
damages for my injuries that was denied
medical treatment for. And what other
damages that need to be looked in to.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Jackson County Alabama Jail

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☒ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Didn't do anything about it at the time.
Was being lead to believe other steps
was in place and they were following.
Jackson County Jail Staff was notified
and stated they was handling it.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Jackson County Jail said was handling

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Chuck Phillips + Southern Health Medical
Staff June July Aug + Sept + Oct. said wasn't responsible
for medical treatment not paying for it.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Doctor Marshall Darby ordered medicines that
can not take at Jail for pain. Tylenal is provide is

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had any cases dismissed based on grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

☐ Yes

☒ No

If yes, state which court dismissed your case(s), when this occurred, and attach a copy of the order(s) if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Printed Name of Plaintiff

Bobby Joe Dunn

Prison Identification #

26641

Prison Address

545 Parks AveScottsdale

City

AZ

State

35768

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

10-10-2020

(Date)

Bobby Joe Dunn

Signature of Plaintiff

Robert Joe Dunn
545 Pers KS Ave
Scottsboro AL
35768

Hugo L. Black
United States Courthouse
1729 5th Ave North
Birmingham AL 35203-2040

U.S. DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
OCT 19 2020

SECURITY

